POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	7			
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	1/14	830	04.30.01	
RESPONSE FORMALITY REVIEW	Bm	361	107.23.01	

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected							
Claim Date	Claim	Date	Claim	Date ,			
- N	183		- a				
Final Adginal Adginal	Final		Final Original				
	ĒŎ						
(1/2 i   1	51		101				
2	52		102				
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	53		103	+			
	54		104				
5	55	<del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del> <del>╒</del>	105	<del>-                                     </del>			
	56		106	<del></del>			
	58	<del>                                     </del>	108	<del>-            </del>			
	59	<del></del>	109	<del>-                                      </del>			
<del>                                      </del>	60		110	++++			
	61		111				
	62		112	<del></del>			
13 11	63		: 113				
14	64		114				
15	65		115				
14	66		116				
17	67		117				
18	68		118				
19	69		119				
20	70		120				
21 / /	71		121				
2	72		122				
7 (33) 7 (35)	73		123				
7720	74		124				
20 0	75	<del>                                     </del>	125				
27 - 0	76	<del>▎</del>	126	<del></del>			
28	78		128	<del></del>			
29 🗀 🗸	79		129	<del>                                     </del>			
30 ( )	80	<del>▎</del> <del>▎</del>	130	<del></del>			
31 2	81		131	<del></del>			
32 / 1	82		132				
3300	83		133				
34 5 0	84		134				
35 0	85		135				
36 5 0	86		136				
37 5 V	87		137				
38 2 0	88		138				
39 /	89		139				
40 -, V	90		140				
	91		141				
42	92		142				
43  <u>-</u>	93		143				
45 C, N	94		144				
45 C N	95		145	<del></del>			
<b>1</b>	96	<del>▕▗</del> <del></del>	146	<del>- - - - - - - - - - - - - - - - - - - </del>			
47 2	97	<del>╶┤╌┤╼┼╌┤╌┤</del> ╴┤	148	<del></del>			
48 5 0	99	<del>──<del></del></del>	149	<del>-   -   -   -  </del>			
40 : N 47 : N 48 : N 49 : N	100		150	<del></del>			
	(						

BEST AVAILABLE COF-

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)